

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	89,406.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	89,406.46
YTD Amount:	\$	436,600.73

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

ALPINE COUNTY TREASURER
PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	4,353.90
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,353.90
YTD Amount:	\$	26,924.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

AMADOR COUNTY TREASURER
810 COURT STREET

JACKSON CA 95642

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	58,660.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	58,660.92
YTD Amount:	\$	63,140.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE CA

95965

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	407,861.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	407,861.94
YTD Amount:	\$	407,861.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	62,583.19
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	62,583.19
YTD Amount:	\$	62,583.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	49,829.34
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	49,829.34
YTD Amount:	\$	49,829.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ CA

94553

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	57,813.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	57,813.04
YTD Amount:	\$	57,813.04

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA

95667

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	228,920.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	228,920.48
YTD Amount:	\$	228,920.48

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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FRESNO COUNTY TREASURER

PO BOX 980938

WEST SACRAMENTO CA 95798

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	17,876.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	17,876.96
YTD Amount:	\$	170,800.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	55,870.92
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,870.92
YTD Amount:	\$	55,870.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	405,283.50
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	405,283.50
YTD Amount:	\$	405,283.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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PAYMENT ISSUE DATE: 7/27/2017

IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA

92243 2863

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	406,825.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	406,825.55
YTD Amount:	\$	406,825.55

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA

93526

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	76,084.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	76,084.61
YTD Amount:	\$	76,084.61

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

KINGS COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	202,210.12
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	202,210.12
YTD Amount:	\$	202,210.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

LAKE COUNTY TREASURER

255 NORTH FORBES ST RM 215

LAKEPORT CA

95453

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	88,180.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	88,180.30
YTD Amount:	\$	88,180.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	59,708.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	59,708.64
YTD Amount:	\$	59,708.64

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	11,985,954.80
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	11,985,954.80
YTD Amount:	\$	109,545,464.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	201,818.14
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	201,818.14
YTD Amount:	\$	201,818.14

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	459,618.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	459,618.44
YTD Amount:	\$	459,618.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA

95338

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	32,353.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	32,353.07
YTD Amount:	\$	32,353.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	127,896.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	127,896.52
YTD Amount:	\$	127,896.52

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	39,203.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	39,203.96
YTD Amount:	\$	185,016.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Sales Tax-Local Realignment, Public Health

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Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	35,753.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	35,753.10
YTD Amount:	\$	35,753.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA

93517

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	48,909.86
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	48,909.86
YTD Amount:	\$	95,614.57

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

MONTEREY COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812 1406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	323,935.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	323,935.62
YTD Amount:	\$	2,981,536.93

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

NAPA COUNTY TREASURER

1195 THIRD STREET ROOM 108

NAPA CA

94559 3035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	194,496.24
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	194,496.24
YTD Amount:	\$	194,496.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA

95959

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	124,089.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	124,089.95
YTD Amount:	\$	124,089.95

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	1,204,745.37
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,204,745.37
YTD Amount:	\$	1,204,745.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

PLACER COUNTY TREASURER

2976 RICHARDSON DRIVE

AUBURN CA

95603

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	42,983.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	42,983.61
YTD Amount:	\$	42,983.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	53,233.01
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	53,233.01
YTD Amount:	\$	53,233.01

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	251,939.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	251,939.32
YTD Amount:	\$	251,939.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	73,285.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	73,285.30
YTD Amount:	\$	73,285.30

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN BERNARDINO COUNTY TREASURER

PO BOX 981561

WEST SACRAMENTO

95798

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	95,505.77

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	1,526,097.62
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,526,097.62
YTD Amount:	\$	1,564,130.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN FRANCISCO COUNTY TREASURER

PO BOX 1859

SACRAMENTO

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	2,368,763.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,368,763.85
YTD Amount:	\$	21,802,355.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	601,109.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	601,109.41
YTD Amount:	\$	5,532,676.10

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO CA

93406

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	101,576.76
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	101,576.76
YTD Amount:	\$	101,945.87

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA CA

93102

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	58,964.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	58,964.65
YTD Amount:	\$	58,964.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SANTA CLARA COUNTY TREASURER

PO BOX 980483

WEST SACRAMENTO CA 95798

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	1,351,631.61
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,351,631.61
YTD Amount:	\$	12,440,558.11

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ CA

95061

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	118,874.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	118,874.53
YTD Amount:	\$	118,874.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	353,707.83
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	353,707.83
YTD Amount:	\$	353,707.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA

95936 0376

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	11,858.23
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	11,858.23
YTD Amount:	\$	11,858.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	95,361.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	95,361.82
YTD Amount:	\$	95,361.82

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	502,822.07
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	502,822.07
YTD Amount:	\$	502,822.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SONOMA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA

95812

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	806,989.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	806,989.79
YTD Amount:	\$	806,989.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	84,828.66
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	84,828.66
YTD Amount:	\$	84,828.66

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA

95992

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	187,998.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	187,998.36
YTD Amount:	\$	187,998.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA

96080

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	126,588.70
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	126,588.70
YTD Amount:	\$	126,588.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

TRINITY COUNTY TREASURER

PO BOX 1297

WEAVERVILLE CA

96093 1297

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	52,324.04
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	52,324.04
YTD Amount:	\$	52,324.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

TULARE COUNTY TREASURER

COUNTY CIVIC CENTER RM 103E

221 SOUTH MOONEY BL

VISALIA CA 93291

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA CA

95370

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	97,340.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	97,340.35
YTD Amount:	\$	97,340.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	0.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	0.00
YTD Amount:	\$	0.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	26,467.29
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	26,467.29
YTD Amount:	\$	26,467.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA

95901 5273

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	161,613.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	161,613.65
YTD Amount:	\$	161,613.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

BERKELEY CITY TREASURER

2081 CENTER STREET

BERKELEY CA

94704

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	55,941.71
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	55,941.71
YTD Amount:	\$	514,892.36

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A
PAYMENT ISSUE DATE: 7/27/2017

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA

90802

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	251,249.02
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	251,249.02
YTD Amount:	\$	2,312,523.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1600504A

PAYMENT ISSUE DATE: 7/27/2017

PASADENA CITY TREASURER

PO BOX 7115

PASADENA CA

91109 7215

Allocation of Sales Tax-Local Realignment, Public Health

Section 17603(c) Welfare and Institutions Code (W&I). To be deposited in Local Health and Welfare Trust Fund-Health Account. County/City match to the Health Account is required pursuant to W&I Section 17608.10.

Fiscal Year: 2016-17

More information at http://www.sco.ca.gov/ard_local_apportionments.html

Collection Period 6/16/2017 TO: 7/15/2017

Total amount collected: \$26,496,739.45

Gross monthly apportionment: \$26,496,739.45

Gross Claim	\$	82,943.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	82,943.32
YTD Amount:	\$	763,421.06